Royal College of Nursing feedback to World Health Organization Strategic Directions on Strengthening Nursing and Midwifery 2021-2025 DRAFT for consultation

January 2021

With a membership of around 450,000 registered nurses, midwives, health visitors, nursing students, nursing associates, nursing assistants, nursing support workers and nurse cadets, the Royal College of Nursing (RCN) is the largest professional body and trade union of nursing staff across the UK.

The RCN welcomes the opportunity to provide feedback on the draft Strategic Directions on Strengthening Nursing and Midwifery (SDNM) 2021-2025. We agree with the four priority strategic directions, and believe the SDNM will help to empower nurses across the world to play a leading role in achieving Universal Health Coverage (UHC) and support greater recognition of nurses and midwives' contribution to ensuring better health outcomes for all.

Our submission outlines key areas we believe should be included or further strengthened in the SDNM, that are useful for all member states to consider as policy options and enabling actions.

Jobs

In the Evidence section we recommend reviewing the narrative and referring to the WHO Global Code of Practice on the International Recruitment of Health Personnel. We appreciate this is later referenced in the Policy priorities (Page 5) but suggest an earlier reference in the narrative to ensure member states understand the importance of adhering to the Code. We also recommend referring to the work of the International Labour Organization (ILO) in setting appropriate governance and regulatory frameworks, to remind member states of appropriate mandatory employment standards to adhere to.

In terms of policy options and enabling actions, we recommend – where health labour market analysis has demonstrated legitimate demand for international workforce – that countries introduce an enabling immigration system, that does not create arbitrary or discriminatory barriers for health and social care workers, as an important policy option. We would also recommend the addition of an effective and enabling registration system to the enabling actions. Reference to the importance of ensuring gender-equity and non-discrimination should be strengthened in the policy priority on adequate demand.

The SDNM should further incorporate principles for staffing for safe and effective care. A legal framework, supported by additional relevant policy and

funding levers, can address the following five aspects of workforce identified by the RCN, and could be included as policy options for member states to consider[1]:

- Clear accountability – Specific duties for government, national bodies, commissioners and providers to make sure there are enough registered nurses and nursing support staff, and other professional groups, to meet patients' and staff needs.
- Right numbers and skills – Decisions regarding staffing levels for safe and effective care should be based on assessment of local needs, evidence, workforce planning tools, and the professional judgement of nursing staff and senior clinicians.
- Workforce strategy – A credible, fully funded strategy for tackling registered nurse and nursing support staff shortages and those in other professions, to meet the whole population's health and care needs.
- Workforce planning – Quality assurance of workforce planning within the system for the right numbers and skill mix of registered nurses and nursing support staff, alongside other parts of the workforce to deliver safe and effective services.
- Education – Governments should educate enough nursing students, as well as invest in learning and development for existing staff, to equip the nursing workforce to meet patients' needs. As part of this, governments must train enough clinical educators by supporting clinical academic roles and supporting the development of, and access to, research development. The SDNM does not currently refer to the vital roles of clinical academics and researcher nurses so we recommend their inclusion.

With regard to workforce planning, we recommend that governments create and fund workforce strategies that:

- Determine current and future population need, based on open and transparent data and engagement with stakeholders; and determine future health care needs, for example disease trends and emergency response.
- Include expected future demand for all health and care services.
- Set targets for future workforce as the basis for funding the nursing supply chain, including relevant higher education public bodies, and for educating the existing workforce.
- Recognise the profile and impact of health inequalities and utilise local needs assessments to inform planning and resource allocation to support a strong focus on prevention.

We recommend including as an enabling action that governments proactively educate nurses for roles that have been mapped to health care needs, for

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[1] Royal College of Nursing (2020) Staffing for Safe and Effective Care in the UK

example genomics and digital health care skills. This requires investment but strengthens the workforce considerably.

In order to increase recruitment and retention, we suggest including a number of additional enabling actions. An explicit reference to job valuation and fair pay for the appropriate level of skill and responsibility would strengthen reference to pay scales.

It is important to include adequate access to mental health support, which is not explicitly referenced. This is vital, particularly in the current context of the COVID-19 pandemic with the impact of staff shortages and increased workloads placing a huge strain on the nursing workforce, and the long-term impact this could have. The SDNM should include reference to safety – including legal and regulatory cover for nursing staff to raise concerns in the workplace – and the importance of balanced professional regulation, to ensure individual nurses are not held accountable for systemic issues.

It is important to ensure consistency across workplaces in the overall quality of upholding nationally agreed terms and conditions, to ensure that the most deprived areas are not lacking an adequate and appropriately educated workforce.

Education

In the Evidence section, we recommend referencing how competence frameworks differ across the world, and the importance of building confidence in practice and capabilities. In terms of enabling actions, we recommend including a consistent approach to competence, confidence and capability through frameworks with clear evaluation and impact assessment. This would ensure the standards set are achieved by practitioners and organisations, resulting in improved patient care outcomes.

We recommend mandating that globally, nurse pre-registration education programmes are a minimum of undergraduate degree level. The role of the registered nurse has changed, and nurses require graduate attributes in order to manage the complexities of modern health and care. Registered nurses require higher level skills and knowledge, including critical thinking, leadership, political awareness, entrepreneurialism, research skills, access to evidence and the ability to critically evaluate and use evidence in practice to enable improvements in care[2]. We appreciate this will require evolving programmes of work to assist countries in developing their infrastructures to be able to deliver education at the required academic level but believe the SDNM are the appropriate policy to set this level of ambition.

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[2] Ebright, BR (2010) The Complex Work of RNs: Implications for Healthy Work Environments. The online Journal of Issues in Nursing 15(1)

We suggest broadening the focus of ensuring quality and effectiveness to also include the importance of maintaining competence after registration. This would ensure all member states understand that recognition of capability goes beyond entering the profession and that maintaining safety, standards – and retaining staff – requires adequately resourced and structured approaches for longer term education and continued professional development.

It should be explicit in the policy priorities and enabling actions that governments should ensure sustainable investment in education programmes at undergraduate and post-graduate levels, and proactively identify and remove economic, social and cultural barriers to entering the profession, including barriers that impact particular groups. For example, embedding systematic consideration of equality and diversity to deliver standardised approaches that reduce discrimination, or removing any educational fees and providing appropriate grants that reflect student need where appropriate.

Where countries experience a shortage, they should take enabling actions to incentivise diverse groups to enter the nursing profession, including but not limited to financial benefits, and subsidised travel, accommodation or childcare. We would also recommend including important initiatives for retaining staff, including clear career pathways, continued professional development, flexible contracting and improved use of emerging technologies to aid flexible training.

Leadership
In the Evidence section, we recommend further strengthening the language around achieving UHC and the Sustainable Development Goals (SDGs). It should make clear that neither can be achieved without the essential role of nurses and midwives and make a strong case for empowering nurses and midwives to assume leadership positions and for nursing and midwifery to be represented in decision-making, policy design and development.

We strongly support the policy priority to establish senior leadership positions for nursing and midwifery across government. Ensuring all countries have a Chief Nursing Officer (CNO) at government level, and further senior nursing representation in government – filled by clinicians with a nursing registration and appropriate experience – would enable systematic and consistent engagement with the nursing profession across the policy agenda and all aspects of health and care, which would support a greater emphasis on prevention and public health. Embedding the senior nursing perspective in government would also better reflect the diverse and broad contribution of nursing and midwifery. We also recommend referring to the importance of establishing regional CNOs – to help promote links between national and global level leadership. This could refer to recent discussions within WHO Europe to create a regional CNO post.

In terms of investing in leadership skills development, the enabling actions could also include the importance of ensuring the development of compassionate and inclusive leadership and management competencies and skills throughout careers[3], including a commitment to continued professional development.

In many countries, after migrating, clinicians must work their way up the professional ladder again. Where possible, countries should recognise transferable standards and allow nursing staff to further their career from an appropriate level. This could include an international passport, reflecting the standardised level of qualification, standards, skills and competencies required. All internationally educated nurses and midwives should have access to the same opportunities as the domestic workforce.

We welcome the enabling action to consider full implementation of equality of opportunity. This could be further strengthened by the development and implementation of a clear and defined focus on compassionate and inclusive models of leadership. We recommend including a specific point about the importance of mainstreaming and strengthening cultural competencies through nurse literacy and practice on diversity, equality and inclusion as an explicit requirement if countries are to create genuinely diverse – and more effective – leadership.

Practice
We welcome the focus on ensuring more effective use of the skills, competencies, expertise and leadership of nurses, and encourage all states to move away from medical models that limit the contribution nurses can make. The SDNM are an important opportunity to demonstrate the breadth and diversity of nursing expertise, skills and work, challenge stereotypes and overcome long outdated and limited perceptions of nursing and promote nursing and midwifery as an aspirational career choice both nationally and internationally.

In the evidence section, we recommend emphasising the diverse and vital role that nurses are playing across the world in response to the COVID-19 pandemic, including the rollout of vaccinations – it is often not recognised that it is nurses who will administer vaccinations in many countries and are often at the grassroots in preventative and health improvement programmes.

We would welcome the inclusion of an enabling action on a standardised approach to advanced practice and practice in specialism and education, with an agreed career route and capability framework to support professional development.

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[3] The King's Fund (2017) Caring to Change. How Compassionate leadership can stimulate innovation in health care.

We also recommend an enabling action on ensuring greater focus on research leads and clinical academic routes. This would support the workforce and greater recognition of nursing as a science, technology, engineering and mathematics (STEM) profession, that is appropriate to all – and should not be viewed as a profession only for women.

The policy priorities could also make greater reference to the exceptional role nurses and midwives play in the prevention and health improvement spheres and the contributions nursing staff are making to tackling some of the most difficult challenges and injustices facing our communities, including poverty, inequality and climate change. The huge impact of this contribution on wider society, and social and economic progress, should not be underestimated. It is also vital that nurses and midwives can access adequate continued professional development to ensure they are able to meet changing needs and priorities as they emerge.

Reporting

We welcome the monitoring and accountability framework, and commitment to report progress every two years. In Annex 1, the accountability process suggested could be further strengthened by outlining whether all member states, or selected countries, will be expected to report progress every two years. It would also be useful to include whether reports will be collated, made publicly available and where they will be hosted.

Contact and further information

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